

Certification of Eligibility for Safety Shoe Program  
Virginia Department of Transportation  
Location & Design Division

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Section: \_\_\_\_\_

Employee ID Num: \_\_\_\_\_

I have purchased Safety Shoes, Certified by the American Standards Institute, for my personal use in the performance of work activities with the Department. Receipt is attached for reimbursement in accordance with policy effective January 31, 2000.

Date of Purchase	Employee's Signature	Date
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This is to certify that the above employee meets the requirements of eligibility for the Department's safety Shoe Program effective January 31, 2000, and that the employee is in need of a replacement pair of safety footwear. I have examined the safety shoes and verify they meet the required Class 75 Standards in accordance with policy, and the employee has not been reimbursed for replacement safety shoes within the last 12 months. Amount of reimbursement due \$\_\_\_\_\_.

Safety Shoe Certification (ANSI) No. \_\_\_\_\_

Safety footwear shall meet ANSI Z41-1999 or USAS Z41-1999, and be of height to cover the ankle and have a slip resistant sole and heel.

Supervisor's Signature	Date
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Original – Location & Design Business Manager

Copy – Section Manager

Date of Hire	Last Date Purchased
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(Must be employed for at least 6 months prior to approval of purchase)

Charge to current project with appropriate **Non**-participating activity, Account Code **1311** or charge to administrative code, Account code **1311**.

March, 2004